

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE - Credentialing Division  
P.O. Box 94986, Lincoln, Nebraska 68509-4986  
402-471-4977

## APPLICATION TO OPERATE A COSMETOLOGY SALON or SKIN CARE SALON

Lic #:  
Issued:  
Expires:

Print or Type

**CHECK THE APPROPRIATE LICENSURE CATEGORY BELOW: (check ALL that apply)**

- ☐ New Cosmetology Salon    ☐ Home Cosmetology Salon    ☐ Commercial Cosmetology Salon    ☐ Skin Care Salon
- ☐ Barber Area (Check this box if the salon also has a barber area and contact the Board of Barber Examiners for licensure of this area)
- ☐ Change of Location; Will the former location be closed when new location becomes operational? ☐ YES ☐ NO
- ☐ Change of Ownership; Identify the former owner(s): \_\_\_\_\_
- If possible, please also give the previous salon name: \_\_\_\_\_

**FEE: \$60.00** (Make payable to Credentialing Division)

\*A SKETCH OF THE SALON PREMISES MUST ALSO ACCOMPANY THIS APPLICATION

**SECTION A - GENERAL INFORMATION** (All applicants must complete this section) **This section is public information and will be displayed on the INTERNET (<http://www.hhs.state.ne.us/lis/lisindex.htm>)**

1	NAME OF ESTABLISHMENT:			
2	STREET ADDRESS	Street/PO/Route		
		City	State	Zip
<b>NOTE: If the establishment is not identified by a street address, please provide directions to the establishment on the reverse side of this form.</b>				
3	TELEPHONE #:			
4	NAME OF OWNER(S) OR PARTNERS:			
5	IF SALON IS OWNED BY A CORPORATION, LIST NAME OF CORPORATION:			
6	NUMBER OF LICENSEES TO BE WORKING AT ANY ONE TIME:			
7	ANTICIPATED OPENING DATE:	<b>Application must be submitted 30 days prior to opening date</b>		
8	HOURS SALON IS OPEN DAILY:	<b>Sunday</b>	_____ am	to _____ pm
		<b>Monday</b>	_____ am	to _____ pm
		<b>Tuesday</b>	_____ am	to _____ pm
		<b>Wednesday</b>	_____ am	to _____ pm
		<b>Thursday</b>	_____ am	to _____ pm
		<b>Friday</b>	_____ am	to _____ pm
		<b>Saturday</b>	_____ am	to _____ pm

Check here if open by appointment only

☐

**SECTION B - INSURANCE** (All applicants must complete this section)

Has minimal property damage, bodily injury, and liability insurance coverage been applied for this establishment? \_\_\_\_\_

**SECTION C - ATTESTATION** An individual who operates a salon prior to issuance of a credential is subject to assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing the credential.

I hereby state that I am the person making application and the statements on this application are true and complete. I further state:

- ☐ I (we) have not operated this salon in Nebraska without a license prior to this application for a license; **or**
- ☐ I (we) have operated this salon in Nebraska without a NEBRASKA LICENSE prior to this application for a license for \_\_\_\_\_ # of days after July 1, 2004.

\_\_\_\_\_ (date)

\_\_\_\_\_ (date)

(Signature of Owner or Corporate Officer)  
(All partners must sign this application)

Inspection Results: ☐ Satisfactory ☐ Unsatisfactory

Date of Inspection: \_\_\_\_\_ Inspector: \_\_\_\_\_